

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10) 589860

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7	i					
8		1				
9						
10						
11						
12						
13	1					
14		1				
15						
16						
17						
18						
19						
20						
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27		1				
28			1			
29						
30						
31						
32						
33						
34						
35		1				
36						
37						
38						
39						
40						
41	i					
42						
43			1			
44						
45						
46						
47	1					
48						
49	1					
50						
TOTAL IND.			6			
TOTAL DEP.			18			
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						